CHAPTER I

The Healthy Person
The "Breathing Me"

What does it mean to be a healthy person? Health has a tangible, not an abstract, value. Healthy people produce good work and can be satisfied with themselves. Poor health is an obstacle to work and a source of dejection. In the same way that we must take care of all things of genuine value, the healthy person takes care of himself. He finds that to be healthy he must respect his own signals, those that come from within his being. He will also respect signals that are released by the world around him, whether they bring warnings of danger or show that a clear path lies ahead. A warning signal makes breathing *dam up*. Anxiety takes over, displacing the center of integrating strength, respiration. An *all-clear* signal allows respiration to fill body and mind, and this makes joy and good impressions last longer. These are the two points of extremity in the spectrum of emotional signals. Too often these signals are disregarded.

The characteristic response of the healthy person is that of breathing in and releasing threats and joys, of being able to breathe deeply and regularly *without* voluntary control. (Conscious breathing, on the other hand, can become a defense mechanism in itself, a way of blocking out inner and outer signals.) As the healthy person breathes naturally — with nature — he breathes not only from the lungs, the intercostal muscles, the diaphragm and supporting neck muscles but with the whole body; the muscles of the head, arms, back and legs participate in the respiratory movement. The entire musculature is alive and breathes in a rhythmic wave which spreads deeply and thoroughly when the psychophysical structure is healthy. As my patients and I experience when they find themselves again, this wave spreads out, swells the breath by way of the diaphragm, to the base of the pelvis and the rib cage. The diaphragm acts as a membrane which resounds with a wave-like movement and conveys its action to the rest of the body musculature. It is a membrane which can reduce the wave, inhibiting movement and expression when tightened, or which can strengthen and extend the wave more fully when it is relaxed and swings widely, depending upon the situation in which the healthy person finds himself.

I often speak of an individual's unique words, wave, life, power or meaning. The therapeutic phenomenon is frequently wordless and the individual's potential is evoked in concert with their unique resources. By virtue of the breathing wave, the entire body muscu-

lature lives, rings with full tone, with its own meaning; it is as if a unique sound resonates from the whole being, extending from toe to fingertips to hair follicle as the wave moves evenly and harmoniously throughout the entire body so that all of the organism breathes. This is what I call man's ideal state of being; this is what I call the total body breathing, the "breathing me."

The atmosphere, the vibrant air around us, has its potential counterpart in man in life fully experienced. The "breathing me" is this counterpart. Breathing awakens to life the whole spectrum of human potential. This is truly man's being, the true self. As suffering sets in, dissonance occurs and is manifested by the degree of difficulty in breathing. True suffering is synonymous with lack of expression. When we suffer, we do not breathe fully, we cannot speak or move with expressive authenticity. When breathing is complete, streaming and harmonious, what I refer to as respiration is integrated in one's musculature, personality, and speech. (See pgs. 13-15, chap. II). "When we suffer we do not breathe fully, we cannot speak or move with expressive authenticity. When breathing is complete, streaming and harmonious, what I refer to as "respiration" is integrated into one's musculature. Spontaneous breathing is uninhibited. "Respiration" is a programmed reaction which may become spontaneous and integrated in the breathing wave. This is the ideal goal of treatment. This is why I call this method of treatment Integrated Respiration Therapy (IRT).

On the way toward the ideal goal of spontaneous and integrated respiration, one patient voiced these thoughts reflecting the inevitable connection between repression, release, breathing, and meaningful speech:

> "As I lie here in the grass looking at the universe, it is clear to me what is here. I notice that I am now receptive to what is happening around me. A growing is taking place from inside me toward the outside, and from the outside toward the inside; the rhythm changing according to what the outside wants to bring inside, and what the inside wants to bring out. This rhythm I can see, hear, and feel. It is focused in my breathing. By flowing with this rhythm, I can see how man may be in time with his surroundings, and how different it feels to be out of time. I notice that when I am anxious, I become restless, seek distraction and create a vacuum between my inside and my outside, which cautiously, gently, I try to exchange for security. That is when I begin sucking . . .

He then expressed himself with greater rhythmical emphasis and began to speak in English though Danish was his native tongue. (See also chap. V)

> When I lie here on earth in the universe
> I feel gravity
> The weight of moods around me
> Breathing them in and out.
> I feel sharply what happens
> When fear comes near my atmosphere . . .
> When the atmosphere of fear comes near
> I find something else to do
> I cannot breathe in fear . . .
> Why not?
> Why don't I dare?
> Its weight is too great,
> I feel so weak and vulnerable.
> The pull, the gravity of fear . . .
> It is as powerful . . .
> It attracts me, like the gravity of safety.
> Ah, now I know what happened to my safety!
> I never allowed myself to feel the depth of fear in me;
> I never allowed myself to feel the genuine safety in me.
> Now, I dare to feel the fear . . .
> Now too I know what it is to be safe."

Originally, the individual is in tune with nature, possessing a sense of harmony and balance which is the inherent code of each person. This inherent code can be seen as the stages of development predestined to all of us. The heatlhy person can then be characterized as the one who has had the opportunity to develop in accordance with his inherent code. Psychophysical growth occurs in the fullness of time when the autonomous child is ready to master new challenges, birth, crawling, standing, integrated understanding of words. We can speak of a trinity, an inherent code + mind/body + fullness of time. Program: In the fullness of time the inherent code drives the child towards mastery of new challenges, presupposing a fearless, free breathing self. Code, mind/body and fullness of time eventuate in an integrated new level of existence. Fig. 1 together with the illustration text with the illustration text (page 4).

With this trinity in mind, the reader should have the basis for a full understanding of IRT-theory and therapy. This balance of the trinity is easily disturbed, especially at those times when the child is ready to conquer new dimensions of growth. As soon as this balance is disturbed all one's strength is devoted to restoring it. If this is not successful, disintegration of mind/body takes place; fear takes hold. Breathing will either be absent from or only partially present in the areas of the body which have been gripped by the psychic dislocation and these body parts will become weakened, will essentially "drop off" due to lack of breathing. When these disturbed areas are stimulated and reawakened through IRT, the weakened part will be reincorporated into the whole. A chain reaction follows, mobilizing still more parts, each pumping life, each an

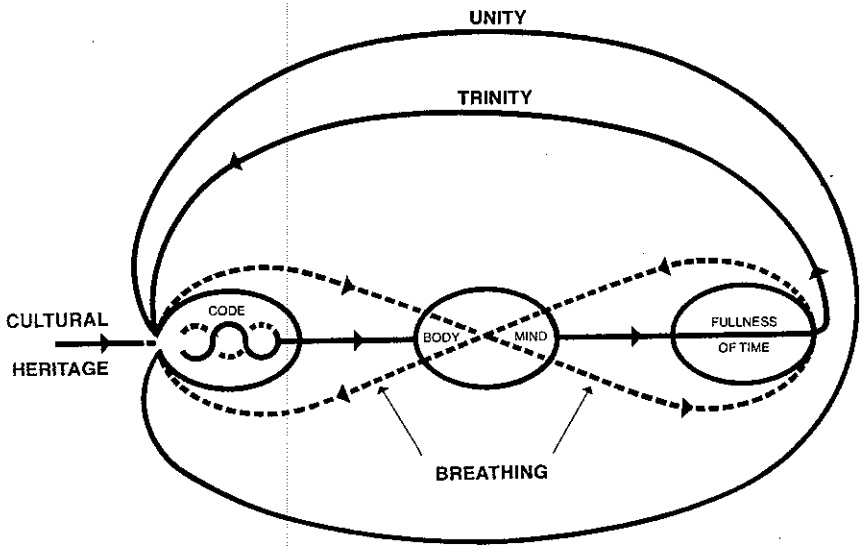

Figure 1

This diagram illustrates the ideal condition of the "breathing me". However, few persons develop under complete beneficial circumstances or receive the confirmations needed at each developmental step. This ideal state of existence also pre-supposes a personal commitment to values of one's cultural heritage.

end in itself, as well as a means toward fulfilling the whole system. When all the parts are restored to the whole, body and mind are one; body and mine are not referred to apart from each other. Harmony is re-established in one's being; peace is regained. A patient says casually: "Yesterday, I was not in very good shape. Today I feel I have put myself back together. Today, I am in good shape." How easily we sometimes ignore the significance of metaphors we choose naturally and without guile!

Moreover, the person who is at one with himself and knows who he is, will, as a natural consequence of his uniqueness, recognize the "other." This is a paradox. For each *individual*, for each person who has found harmony, balance, health, it is natural that if "I am me . . . . you are you." When one is healthy, one respects another person's identity and does not intrude upon it. An adult patient in the process of "pumping forth", or regaining his total breath and the resources he lost at the age of five, responded with joyful spontaneous words and rhythmical movements. He said, quite eloquently and simply what I am trying to say:

"I am me and you are you
Yes . . . I *am* me and you *are* you . . .
Because when I am me and you are you
We can *really* be happy about each other."

Images of waves, rhythm, flow, pulsing life and meaning are recurrent and fundamental to a knowledge of joy. To be joyful one must experience the fully resounding movement of respiration. Breathing freely literally allows joy to spread. Full respiration gives unbounded power. A natural and complete rhythm of inspiration and expiration gives optimal conditions for self-expansion and growth, for the maximum use of one's resources. This is quite obviously an experience common to most human beings at some time in their lives; it is the joy we know as adults when we perceive our positive signals, or surrender to a rhythm — from the external world — when we are moved by, or initiate, positive activity.

The healthy person has much joy within him. He can make the most of his own abilities and move freely with joy and delight in growth of his motivating forces. This does *not* mean that he will run about growing, surging with enthusiasm and joy each day or all day. It is a question of autonomous rhythm. Free growth and mobility are also bound to deep relaxation, stillness and rest — the ability to relax within oneself — and also the capacity to accept and experience sadness as a part of life. The healthy person can close his eyes, sink down into himself and experience himself in harmony: "I am so happily tired when I close my eyes," said one patient.

No adult lives continually in complete rhythm and balance in the

adult world. Anyone who has experienced the joy of being in tune with oneself and nature, for even an instant, can expand that moment into a lifetime of creative exchange.

Children feel at one with nature and compare themselves with it. They reflect nature itself. This childlike innocence breaks through: "Being is identical with nature in myself." Another patient conveys an image: "Yes, heaven and earth, the spectrum, that is the range within oneself. You have your feet upon the earth and heaven glows in your entire being." And a third, an adolescent, gives this image:

> "How can I tell them rightly that I am not a mass of fog, like all the gray creatures who drift about? That which is *me*, it only comes of itself. But suddenly something out there, comes and covers me. Yet I am only a type of flower that sprouts leaves: Me, like this? One is coming out there too . . . and one grows there. But then . . . there are many people who like to tear the leaves off of me, it's true! Why do they have to tear them off me? I wonder. Why do they take the leaves from my flower? Why do they have to tear them off like that. Like that! Then I'm scared each time a new leaf comes. I have to cover my head with both hands so they won't see that a new leaf has grown. It's cruel. But then I think there are two kinds of persons in this world. Those that like growing leaves and those that don't like to grow leaves. Why is it split in two? Those who like to see leaves grow and those who pick off the ones that grow? I have now become afraid that some of my leaves will fall off. Know what I have to start doing then? I'll have to bow my head so they won't see me."

The patient vents his ambivalence here in the face of a threatening situation present in his surroundings. Yet, reminded of the large number of children and adults who have regained their spontaneity, one is struck by the child's original feeling of the flower inside him, the inner beauty and life which is life blossoming out of the seed inside him, a source that must at all costs be preserved. The alternative, then, is to protect himself by not attracting too much attention to his "joy in growing."

Thoughts from the time when she was five years of age break to the surface in another patient as she philosophizes about her search for equilibrium:

> "Isn't it a strange thing that some people are so kind and happy to be around . . . . Some people are kind and their breathing sends them bouncing along. Then we all feel good . . . . And then there are those who don't want to. Do you understand how such things can happen? Because, you know, we could all feel good and be at peace. Why do they want to be so bad, I wonder? All the kind and happy ones, they aren't like that . . . . I can see it in their eyes when people are like that . . . . I don't think they come from the sun or the moon or from other bright places. They come from caves, far, far away . . . . Why are people different? Tell me!"

Indeed, we have to admit that people are different; no two adults and no two situations are alike. We must admit that in our adult world we meet unimaginative and unbalanced people whose lack of empathy may often intervene to disturb the well-being of a healthy, growing child. Indeed, we often experience such disturbances ourselves when someone impinges on our growth and challenges. And each time we must struggle, experience the pain of recognition, experience our feat, if we are to know our joy and our safety — if we are to find our own point of balance.

The sensation of balance implies that the heatlhy person acts in accordance with his inner creative power, follows his inner destiny. Choice of words, gesture, emphasis all reflect an intrinsic value; they are indicators of the state of body and mind. I therefore do not regard acts and activity as the same thing. Activity for activity's sake, meetings and chattering, become a diversion from healthy action. Action has its basis in balance, harmony of the mind/body. In other words, in the healthy, balanced person, respiration fills the entire organism, from the viscera to the external muscular layer. *Characteristic of the healthy person is the natural calm with which he surrounds himself,* both in action and in relaxation — a natural calm which also makes those around him feel secure. *Breathing is deep; we cannot hear it. This means that there is a pause between two breaths, a pause lasting a fraction of a second.* During this pause he returns to his natural self, resting once more in his true being. This natural pause, giving calm, is the real indication of the healthy person. It is during this pause, that the resources for life have the opportunity to fill with possibility.

Areas of the body where respiration does not function or is only partially present indicate areas and degrees of illness. There are degrees of health in individuals corresponding to the number of non-developed areas in their body-soul makeup. "Health" and "sickness" are two poles on a continuum. The healthy try to maintain their original balance. The sick and self-alienated often say they are striving for balance, but their vision is blurred, they seek not *their own* but an arbitrary notion of balance. A person who is balanced will have the feeling that is talking at cross purposes when trying to communicate with another person who is self-alienated.

The relationship between *suffering* and *sickness* must be defined more clearly. In psychodynamically-oriented literature, neuroses and functional psychoses are not construed as illnesses in the tradition of medicine. Given the accepted medical techniques, one cannot demonstrate a somatic process which is responsible for the condition of illness. Yet a superabundance of literature on the subject points out that many illnesses result from conflict, overwhelming traumas, and damage in the process of maturation. An enor-

mous accumulation of suffering builds from a background of personal, interpersonal and social distortions. I shall use the concept "sickness", because it is difficult to find another word that is practical. I shall use "sickness" to stand for suffering, and not for specific physical illnesses in the literal sense. Real suffering we must remember, is also lack of expression.

Thus, each person has his own health pattern representing his values which have become an integral part of the self. Activities which outwardly appear alike will, for one person, mean a confirmation of his self and his own values while, for another, they can imply loss of direction and distance from the genuine signals within him self.

Words and actions in the healthy person are nourished by a capacity to feel wholeheartedly, which is consistent with the creative forces driving him. This does not mean that consideration, loyalty, politeness and the joy of giving are thus designated as qualities characteristic just of the "eager to please", or the popularity seekers. It means that these qualities are a part of a genuine pattern of activity, and integral part of the mind/body *gestalt* in the healthy person. The healthy child busily absorbs each new dimension in his development through 1) rhythm-sound, 2) melody-word, and 3) rhymes, jingles, and song, and in so doing experiences the highest attainable happiness of the level he is occupying. He has at all times been allowed full expression in his own language, which provides the sounding board for total experience and serves as the foundation for each new dimension.

> "If this foot this dancing foot can join me, then I can be good friends with everybody, then I don't need to breathe and breathe just to be nice . . ."

Another patient says:

> "It's good when my scalp comes along, then I don't have to be sort of nice like that anymore, then I just am . . . That kind of niceness doesn't help anybody."

Let me elucidate also my idea of the relation between the concepts "healthy" and "normal". They are not identical. From the very beginning of life, the full value and potential of man's nature does not fit within society's conception of normal. Modern society does not conceive of a person who is very angry, very dejected, or very excited as normal. Such a person is said to be infantile or neurotic, even when the situation clearly justifies indignation. By accepting the average as normal, a person's individuality is markedly reduced. Thinking becomes superficial, because when feelings are ignored, they are forced to exist apart from the intellect.

But all forms of creative activity and thought are inextricably bound up with the emotions. "Extremity *is* the point . . . passion is *not* a disease." Yet instead of encouragement in this development, the child is confronted with adult judgments. He is not taken seriously when, full of positive curiosity, he strives, often with intensity, to incorporate himself into the outside world. He needs to know the truth and seeks it because it equips him with the means to find his bearings, step by step, in a world that is strange and overwhelming. But the child is greeted by obstacles which to him seem incomprehensible and alarming. Thus few adults grow up without having relinquished essential parts of their genuine spontaneity and passion. All too often, we become submissive to the forces that bind us, or we actively seek escape from the struggle, escape from the presences in the air that will not let us breathe. If we, in our urge to escape, lead a life of noise, meaningless activity, sexual inhibition, or sexual license, our life becomes compulsive and is *consumed*, in the same way as we consume alcohol and other stimulants and/or depressants. After a while the taste wears off. We need more and more consumption to be satisfied. Empty actions, tilting at windmills, make us blind to ourselves and our environment. In "primitive" cultures, they say: "We drink to confess." The so-called "sophisticated" world drinks "to forget."

The person who suffers and recognizes that he is suffering, the neurotic who senses that something is amiss; whose powers of expression have been limited, used up, seeks knowledge of his full potential through therapy. The goal of IRT is maximum integration, full contact with the self.

In contact with himself, he can then look more hopefully toward the possibility of contact with others. Certainly here too is a worthwhile challenge. Yet one must ask, just what are the conditions that hold promise for two people who care for each other?

The atmosphere of modern life is one in which the commonplace frequently usurps the place of the genuine; people with personality defects often wield influence in both large and small groups and through mass media. The notion of co-existence balances on a scale between two extremes: on the one hand we have the directed sexual drive which wants "to have and to hold," on the other, we have tenderness which expects nothing of the other person because tenderness has no other wish than to give. Between these extremes lie qualities of feeling which come finally to be expressed through sympathy and intuition which can only operate when there is a constructive hesitation in human dealings, when the healthy, balanced, "breathing me" awaits another fully breathing "me" on the threshold of his being.

Man is *not part* of history, said a wise philosopher, he *is* history. Wise men and saints, philosophers, priests and scientists have tried for centuries to understand human nature in order to heal suffering by an

understanding of the soul. Man's aspiration since time began, has been a search for equilibrium.

Aristotle was asked what he saw as the easiest and the most difficult task in this world. He answered: "the easiest is to give others advice; the hardest is to find oneself."

His reply is true also today, particularly when we find an organized and programmed network for getting help, which seldom satisfies our basic need for contact. This is especially true when we are robbed of our own convictions — in terms dictated by society.

"Man, he doth bestride the narrow world/ Like a Collosus; and we petty men/ Walk under his huge legs, and peep about/ To find ourselves . . ."

William Shakespeare, *Julius Ceasar*, Act I, sc. II

CHAPTER II

The Theory of Integrated Respiration

The Fullness of Time

In the Bible, the final dispensation is "the fullness of time," when everything comes together. The gift of the "fullness of time" is available to each person who plays out his potential at his own pace, unhampered by forces that tend to limit autonomy. If each person grew in the fullness of time, the earth would indeed be peopled by *individuals*, by undivided selves, essences, beings of integrity, and of a scope which is in harmony with one's potential (we are only created equal, remember, in the eyes of the law.). Each person would be a super man or woman to himself/herself, satisfied and at ease with self. In the everyday world, however, time is measured by the clock, man is in conflict with and limited by other men, nature, the very air we try to breathe.

As explained in previous papers, the natural course of development is when the child gradually gains new capacities of mind and body. This is the natural course of ontogenetic development and provides for new areas of growth emerging out of earlier development.

There, new dimensions are grounded in the inner psychic development which has already taken place and its gradual integration into the total organism is completed. As the impulse and formation manifest, it is given expression by the body, and self becomes integrated on a more complex level of psychic expression. As this happens, the child enjoys these growth patterns and expresses itself in active body delight.

The body grows as psychic development takes place. At the same time, the child becomes more personal, more autonomous. The personality is being constantly enriched with the flowing of new growth content itself, the world interacts in a symphony of development. The citadels of the self opens its doors and windows, the breath of the inner and outer world harmonize and prime in an ecology of being.

This is ideal development. It is a goal worth striving for and it is a real possibility, in spite of the fact that there are few of us indeed who have gotten through childhood with autonomy and breathing intact. But then where does disintegration, disharmony, status, and varying degrees of neurotic and psychotic development stem from? If the

conditions for development have not been laid down by *"myself" in the fullness of time*, but have been dictated by *others*, suppression in some form occurs. Inhibitions are placed upon need fulfillment; an environment that is hostile to grwoth arrests the manifestation of swelling joy. This, of course, leads to disturbances in equilibrium and the homeostasis of body and mine which is based on primary needs of different phases in development. For the child, it will seem as if parts of himself, parts of his own body are disassociated from him. It may even seem as if he never gets to manifest himself as such, but rather as something partial or even completely foreign to him. The line of unity is fragments. (fig. 1) To a lesser extent, this sense of loss will give him the feeling of something being "owed" him, and a wish to find out how this could happen, how he may find his way back to his wave of trinity, the third dimension, and how he ought to behave so that he will not suffer such a loss again. The child wonders how a "mistake" is possible in the relationship between his body and mind. "What went wrong when I stopped being happy? And what happened to make me lose my knee, my hand, . . .?" He first tries to find out what is wrong, so that the missing parts can return to "the me" and reveal unity again. (fig. 1). This is the goal of treatment, as well, so that the inner equilibrium becomes a basic principle of our method.

Equilibrium, or the basic phenomenon of homeostasis, is set in motion right from the moment of birth. This basic factor shows that the "self," the psychic dimension of the body, is already autonomous at the pre-natal stage; the fetus will not be born until its "self" experiences the fullness of time and is therefore able to participate in life's first challenge. This wordless but fundamental physical attitude is based in the first experiencing of life and death, in the transition from darkness to light, and in the need, despite this dramatic change, to maintain inner equilibrium, to find one's "home" base. This is the first signal for challenge in the fullness of time. It presupposes that immediate response comes in the form of co-operation from the external environment, with the mother's assistance in the child's actions which are based on natural self-activity in his own world and use of the inner resources at hand at this stage of development.

My grounds for contending that the child is an autonomous being in the "fullness of time" are based on the fact that so many patients re-experience their own birth in therapy, and do so on their own terms. The reasons, on the other hand, for non-spontaneous births vary greatly, as ilustrated by examples in connection with my developmental theory. (See chap. IV).

Distorted development caused by reactions in the environment or infringements of the actual capacity developing will be handled by the

child in different ways, depending on the strength of the suppression from without and its relationship to the child's own resources. It is important to understand at this stage in the elaboration of theory, that *the child really does integrate himself psychophysically* and always looks for his real self again to maintain equilibrium when loss of balance is caused externally.

Certainly, it is true that various parts of the body gain prominence during different steps in development, as we mentioned earlier, and total integration does not take place all at once. In each of these steps, we are vulnerable to different influences depending on the new territory that must be won in order to regain equilibrium. When I make such wide use of the word "repression" it is a key word, what we sometimes determine as structural overcompensation. I have in mind actions which have a striking effect on the goal in view, the goal of integration. This goal is of immeasurable significance for later development.

It is not a matter of just *one* event, incident, attitude that makes repression permanent. There are often several factors that merge and cause particular traumas to remain and become entrenched. A person who suppresses a child is not usually aware of the consequence of his lack of sympathy toward him. The suppressor does not know what he is doing. He often means well. The growth elements are vulnerable to influences during the child's various developmental stages. Repression is the result of damage to the growth element emerging at any particular stage. Once this has happened, the damage is viewed from the growing part. "I do not feel my feet . . . I am floating six inches above the ground," said one patient. It is in this context, the denial of a body part, the dropping out of a muscle group, that the word repression must be understood.

Breathing versus Respiration

In the healthy person, body and mind breathe in free, harmonious unity. This is breathing. Breathing is our foundation or background. It is our spiritual basis, man's true being. It is the fundamental activity from which thoughts arise. Breathing *is* the self; without it life does not exist. Yet, paradoxically, life resides in the silence, the brief pause between inspiration and expiration. With this pause the healthy person returns over and over to his original being and rests anew in his *self*. This pause is a core, a center of power, a source that nourishes and sustains. I shall call it the unconscious, spiritual self. To find one's true "self" is to be able to return to this original state, to return to the promising silence.

This integrated person is characterized by the natural peace which insures balance of body and mind. Here, breathing is a matter of

course. One does not need to think or worry about it; it is the natural link between body and mind. When this link is complete, body and mind are two sides of the same phenomenon. When one no longer needs to think about breathing, one attains the power of real intuition. Thus breathing is one's actual spontaneity. One acts and reacts from an assured, resonating, life force and feels confirmed and satisfied by simply experiencing the joyful feeling of unity and harmony in one's actions. In healthy development, each new growth element, in both a physical and existential sense, will be easily incorporated into the breathing as part of this natural process. It forms the basis of each new advance for the child as he faces new challenges, until he reaches full autonomy where he is the natural master of hiw own house — mind/body.

Respiration is a mediating mechanism for breathing. At the same time, respiration conveys the growth of each new dimension as it gradually appears during development and assumes its place in the whole. The code manifests itself as respiration, breathing breaks through and confirms the fullness of time. (fig. 1)

The living organism makes a choice, in the fullness of time, and determines its position so as to preserve its equilibrium. Through this existential choice, the individual is prepared to accommodate the new dimension in each challenge which arises; the possibility that each new developmental level will be accompanied by joy is also actualized through self-instituted choice.

Breathing represents the tone of each new dimension of development, which is also tuned to a harmonious ringing unity in the atmosphere. Respiration is the deliberating factor; it tests the sound or signals of new challanges, it weighs, chooses between signals and serves as the integrating factor that assimilates breath with each new discovery. The goal is to reinstitute harmony in the whole pattern of breathing. Respiration thus warns of impending disharmony whether it be an everyday frustrating occurrence, or a sustained repression of a critical stage of a development.

In any situation where balance is threatened, respiration is brought to consciousness by anxiety. When one "freezes in anxiety" tense breathing produces a gasping inspiratory state. Awareness of one's respiration in anxiety is often experienced as a sense of choking, a lump in the throat, pressure in the chest — an "I can't breathe" feeling. The value of this signal lies in the fact that respiration now becomes a conscious phenomena, a thing in itself, in contrast to one's natural breathing. Breathing becomes problematic, in other words, a situation I must do something about.[1]

To the extent that one can deal with the situation satisfactorily on his own terms, respiration subsides and integrates with the new experience in breathing and one can breathe in a relaxed manner. To the extent that one does not emerge from the situation intact, his respiratory grasp acquires a permanent defensive function, and anxiety becomes habitually tied to a lack of complete expiration. This lack of full expiration in the breath cycle of inspiration-expiration, is the physical representation of psychic content that was never allowed expression; it is what we feel as the missing part of an individual's personality, and is manifest most often as *resignation.* This resignation (and lack of expression) is physically anchored in various degrees of muscular slackness or *hypotony*, at the same time that the defense builds up in the form of *hypertony*, muscular tensions. To be defensive or submissively resigned; to tighten up in order to protect one's life, or to completely let go of one's life force; to repress, or to be the victim of suppression, are opposite reactions to the same phenomenon — disruption in normal breathing and harmonious muscular/psychic development.

The Underdeveloped-Hypotonic Muscular-Respiratory Relationship

After many years, I have worked out concepts to describe the qualitative consistencies and the existential meaning of what I originally called "underdeveloped musculature."

I have eventually settled for the word *hypotony.*[1] What makes nomenclature particularly complicated is that it is not only a question of muscular quality itself. In the sense in which I am using it, it is a part of what is the essential in man, that which allows him possibilities in movement in emotional and motoric spheres of activity. It is both the gateway for evaluating patient resources, and a tool of the therapeutic process which aims for complete integration of mind/body.

Musculature can only be perceived in its context, that of respiration and the individual constitution. It lives as part of a relationship. For this reason, though I always intend to convey the idea of *hypotonic* musculature in terms of the muscular-respiratory relationship. At times, for the sake of clarity and full presentation of each part of the relationship, I often speak of musculature, muscle consistency, and respiration in relative isolation.

Hypotonic musculature is the main factor in evaluating the muscle system. Hypotony, the underdeveloped musculature, reveals the gaps in psychophysical development, and can be assessed via palpation by the therapist. The patient's degree of withdrawal is manifest as muscular hypotony in the outer layer. The muscular-respiratory relationship, which represents the missing content, is what we want to

awaken in the patient. It is just this missing content which we want to awaken in the patient. It is this same missing content and its corresponding affective expression that has led to stagnation and distortions of the personality as well as the physical structure.

Another term I use, *prefunctional musculature*, is not synonymous with hypotony. Prefunctional musculature includes lesser degrees of hypotony as well as less severe instances of hypertony, a matter I shall return to later. The term prefunctional refers to the dynamic, *the potential for activation, the anticipatory content of the muscle*, and it is this potential that the therapist looks for and works with. These possibilities I name anticipatory content.

The hypotone musculature is the prime factor of the muscular structure, which can be evaluated by "listening" (as I describe in detail in chap. VII). This quality of muscles expresses the patient's accessible resources and the degree of integration or disintegration of the patient's peronality (which includes of course the degree of integration or disintegration of breathing and muscle tone). The assessment, through palpation, then tells us just which strings the individual has to play on, and where we must gently work to retune other strings to bring the patient into full resonance.

The *nuclear phenomenon*, the originating point for all emanations of impulse and expression in the hypotonic musculature, is respiration. The hypotonic musculature respires. The resource factor is based on the degree to which spontaneous respiration has been incorporated into the different levels of the developmental phases. Ambivalence, which is in most neuroses a recurrent phenomenon, appears as hypotony and is a central factor in the experiential process during liberation through treatment. Pre-conscious hypotonic quality reveals the patient's genuine potential and resources. It provides the key to the content and the causes, and thus to the subtle and manifold ways of expressing ambivalence.

Hypotonic musculature immediately gives an impression of "slackness," but it is a slackness of quite different character from that of normally relaxed musculature with normal tone. The slackness characteristic of the hypotonic musculature has a dystonic character where tone has given way. There are several degrees of slackness. The muscle character therefore has several palpable consistencies (which will be discussed in detail in chap. VI). On the whole, the muscles, though slack, have a varying content of inherent potential, latent powers, and degrees of unrealized activity. There is no firmly established differentiated vocabulary to describe either the muscular qualities or their psychological implications. But in searching out the hypotonic musculature one is aware of a relationship which, right from the beginning it is easy to demonstrate even if it remains difficult to verbalize. *When we touch hypotonic musculature we always get different types of respiratory response.* And this response has proven to be the best way of reaching and releasing the buried or arrested content in the psychophysical structure. This phenomenon, confirmed again and again by patients, becomes the uncontrovertible reality: *stimulation of the pre-conscious structure using the prefunctional, near-ideal respiration as a guide, becomes the appeal and the trigger to one's resources.* This, in turn, results in joyous spontaneity, full breathing filling the body as part by part responds to the appeal to respiration and finally reintegrates as the thinking, breathing, mobile body.

I would like to emphasize, at this point, that there is music that emanates from the totality of the mind/body. It is a product of the influence of involuntary breathing having been allowed to flow through all the muscle layers, from head to toe and from the internal organs to the external muscular layers. The respiration is a wave motion in the same sense as music is rhythm and reverberation. In the therapeutic process, the stimulation of the preconscious structure is like the pluck to a string of rich tonal power that has been allowed to flap loose, to droop unused. Yet the string, once touched, resounds with possibility; it is the first movement, the motto and foreshadowing of the recovery of every other missing note.

I am not merely speaking metaphorically, because as a consequence of spontaneous respiration, we not only get full psychic expression, but each individual emanates, as well, a rhythm which is distinctive and his own, an intonation that becomes his *voiceprint*, a pitch that resounds with each spoken and unspoken word and gesture.

Shakespeare spoke of the "music of the spheres," and like the music of the body it becomes audible when we become in tune with our own nature and the air around us. This "tuning up" of our potential, can only be achieved by concentrating our efforts toward the previously neglected unsounded hypotonic musculature. Whereas other therapies have concentrated on the hypertonic or tense muscle, there is sufficient documentation to conclude that muscular tensions give way spontaneously under treatment when the anticipatory content, the suppressed material hidden in the underdeveloped, hypotonic musculature is reintegrated into the personality.

The Tense-Hypertonic Muscular-Respiratory Relationship

The tensions that lodge within the musculature are the individual's *protection*, his way of holding in, holding back, fend-

ing off the unknown, the fear inspiring, the echoes from his past and present that he *will not* hear. Once the suppressed material hidden in the underdeveloped muscles is released; once one faces what one has feared, there is nothing to protect oneself from. We know, as it were, the worst, and no longer have the need to strain our mind/body in desperate acts of defense. Yet, while the tense muscles are still at work, the individual is aware of his pain, and, often even aware of the consequent *rigidity* of his personality. Tense musculature is clearly detected by the therapist, not only by the knotty quality of the muscle, but because, as the therapist gently presses the tense muscle which is often misread by the untrained hand as being "response," but what we feel in the tenseness of hypertonic musculature is the intensified vibrations analogous to any string continually pulled taut. The psychic content of the tense muscle is, we might say, busy with itself, busy maintaining its defensive position, which does require a concentration of energies, a forced shallow breathing, but does not manifest the same quality of response made by the hypotonic muscle finally awakened to life and breath by the call of the therapist's hand. The higher the degree and the larger the areas of this tense consistency, the more it implies that the individual has lost his spontaneity and must rigidly organize his life. Since tension alienates one's respiration and a consciousness of it is forced upon one as problematic, it naturally follows the person's dynamics will lack imagination, intuition and spontaneity. In treatment the more severe tensions are "ignored", the therapist's hand identifies the tense area and quickly leaves it. But in evaluation the tense musculature reveals the intensity of the suppression that has occurred. These can be influences lasting over longer periods, or temporary traumatic situations. Just as with the hypotonic musculature, one finds tense consistencies of different character. The lesser degrees of tenseness also have a prefunctional character (see fig. 16/chap. VI)

One can postulate that the protection which has been established as tension in the muscle has been overdeveloped or rigidified; the original tone has disappeared and has been replaced by a strained tone. The mode of expression is uninspired. *Signals, as they were originally experienced and reacted to, are lost, and conscious planning has taken their place.* The individual's original tone has vanished, along with any harmonious awareness of inner signals, and there is difficulty in recognizing the impulses that might serve to release these signals. One's tonal range has lapsed into disorder. It feels as if the genuine deliberating mechanism has been lost, only anticipation of it, anxiety, remains. Even awareness of the original feelings is absent and, along with it, the person's directness.

The tense musculature should not be regarded as having anything to do with living breathing and cannot be used in an attempt to reach it. The tensions fix respiration in a conscious, rigid pattern, with no possibility of free inspiration, and no healthy tone. Tone has been rigidified by conscious respiration, which becomes man's most subtle and tenacious brake on spontaneity.

Integrated, natural breathing, at one's own pace, in the "fullness of time," involving not just the lungs but all the muscles is the key to healthy individuality,[1] and it is not the tense, or hypertonic, but the hypotonic, or underdeveloped muscle which can and should be tapped in order to repossess one's aliveness.

[1] Breathing may also be said to be a barometer of the human state, just as air pressure reflects the state of the atmosphere. Much information suggests that one's breathing is not only influenced by one's social atmosphere, but also by actual changes in the air. This fact has been revealed in such expressions as: "It's going to rain, I can feel it in my bones." One can perhaps say that a person's breathing is to a certain extent influenced by the large scale breathing of nature in the atmosphere, bringing storm areas into one's own body. These areas lie dormant periodically, but come to the fore when one's breathing has to deal with an extra burden.

CHAPTER III

MRD Plots IRT: From Discovery To The Threshold Of Reintegration

What do I look for when I examine a patient? What do I find? And how do I go about making these discoveries? What, in short, are the events typical of therapy in-progress.

The person seeking help soon learns that what I look for in my initial examination is a conceptual image of where the patient locates himself in relation to his own potential and the world about him. This evaluation prepares the ground for the interaction I have to offer. Afterwards, we discuss whether the patient is ready to participate in the processes of IRT.

Some patients show striking insight and motivation for treatment when they speak about what is bothering them. For example, someone seeking treatment wrote to me in this way: "My arm has been bothering my physically and worrying me psychologically; my breathing is nervous, with stings on my left side, under my breast and shoulder blade. This makes me anxious and unsure. I have gotten hold of something important, but it is somewhat unpleasant, and I need a helping hand to clear it up for myself." The patient quite accurately describes deep rooted ambivalence but realizes she needs help in finding the resources to overcome her confusion through treatment. Fortunately for this patient, her own insight contains an adequate motive for her to relive through Integrated Respiration Therapy (IRT) the cause of what led to the ambivalence, without a detailed muscle diagnosis being necessary. For many others the borderline between pain and an understanding of its source and manifestation is rarely reached and far less often verbalized. For these, Muscular Respiratory Diagnosis (MRD) is essential in order to develop a plan of treatment.

In order to be able to make a muscular respiratory diagnosis, a diagnosis of the psychophysical structure, I ask the patient to remove or release any tight clothing. What I primarily seek is the source of a patient's resources, where the fulcrum of power resides — the hidden potential in the total picture. This resource factor is pinpointed by the musculature I often refer to as the underdeveloped, dropped-out or hypotonic muscle groups. I make a note of the consistency of muscles but it is really the *life* in the muscle, the presence or absence of respiration, that I evaluate to determine the patient's potential.

During many years of experience I have been able to confirm, as a tangible fact, that the entire body musculature participates in and is influenced by the respiratory wave. The circular, rhythmic function of breathing also has the qualities which make it possible to assess the degree of *life* in the muscle consistency. At different stages in the development of the individual it will be sensed as weaker or stronger, according to where it occurs in the mind/body structure.

It can be demonstrated that a healthy, well-integrated person breathes in his whole body, from the depths, the viscera, on out to the external muscle layers. This is the ideal state. Muscular consistency is functional. It is relaxed and gives the impression of life; it is solid, firm and "filled" with life and character. Breathing is present and my hand does *not* release any response from respiration. I get no response to my touch when muscle character and respiration are one, united, on the same level — when there is no hidden content waiting to be released.

I shall return later (chap. VI) to a detailed discussion of the muscular-respiratory state and its importance as an indicator of the patient's total inner resources. For now, it is sufficient to say that each person has a different muscular profile. Upon examination I often find that, in contrast to the ideal state, parts of the musculature have "dropped out" of the breathing; they appear to be abandoned, lifeless. Findings both of the hypotonic, underdeveloped musculature and the tense hypertonic musculature are assessed and then noted on my working diagrams (fig. 18); the measurements are recorded in numbers and colors so that we begin to have an immediate visual diagnostic image of the patient as we first find him.

The resource evaluation requires deep concentration. The fingertips are one of the most sensitive organs a human being is equipped with. While my fingertips are touching, learning their way, it is as if my inner ear is listening to the muscle content, while all the time I have the knowledge, the feel, and sound of healthy character structure both in my mind and hand.

Any noise or disturbance in the environment greatly distracts from discovery. In a certain sense, the ear catches the whole, while the fingers weigh up the parts. This becomes even more pronounced during actual treatment, when the room fills, as it were, with the contents of the psychophysical experience. When I have registered a finding I take a break, and only then does fully conscious thought come into play, and I put my findings down on paper. When I am actually engaged in listening to the muscles, emotional concentration barricades my thinking. That is why the "break," the pause in diagnosis, is as natural and necessary as breathing itself.

There is *no need* to evaluate every muscle in the body. Experience has shown that slackness and tension usually follow a pattern which, again, reflects a psychosomatic process of integration adhering to its

own laws from birth on through childhood. By plotting the patient's muscular-respiratory profile, I have also plotted his character structure.

I must mention here that other therapists have also found that man's psychic structure can be determined by plotting the reactions of muscle groups. Wilhelm Reich realized that the individual's character was anchored in muscular attitudes, but he was most interested in muscular tensions. Nic Waal drew up a muscle test based on examination of the passive movements of the head, neck and limbs. But my patients and I have discovered the muscular-respiratory connection and its decisive significance for evaluation as a step towards further treatment. It is in this context that the concepts of "muscle consistency" and "muscle quality" must be understood.

Let me re-emphasize, no two damaged structures are alike. This indicates how wide a range of possibilities man has for finding approximate solutions to situations where natural activity and expression could be in keeping with his emotional rationale, i.e., the inner signals for action. Structures vary from deep damage in early stages of development, where all activity becomes centered on the will and planning, to uncomplicated structures where only a certain hesitance in activity dominates the picture. In brief, one can identify the common neurotic human being whom I call "the well-integrated neurotic." Here, the structure is even, that is, we find instances where parts of the "thinking body" belonging to one developmental state are identical in muscular-respiratory character and quality of expression. Often there is no deep damage, but the structure does frequently bear the imprint of an actual situation in the immediate environment or in society. A more deeply damaged neurotic has a less even muscular-respiratory character and the examination requires more time, particularly when the unevenness is also caused by a traumatic situation. In each of these structures, and the many variations between these extremes, we find imprints on the muscular-respiratory pattern which come from those societal values upon which interpersonal relationships are based. Ethics and the values which are given priority vary widely within each "culture" and help to form the basic tone of a person's life, as it is demonstrated by body structure and actions.

The examination itself usually takes about twenty minutes. I then ask the patient to wait until I come back in about ten minutes. Then I can assess the patient's situation and ask him to tell me what he is seeking help for and try to indicate to him how long the eventual therapy will last. As a rule, I expect us both to take time to consider it before we begin. I must work out the details of my evaluation, and the patient must be sure of what he wants. Depending on the outcome of the evaluation, I give the patient an appointment with the understanding that if he wishes to break the contract, he must give me a day's notice. (I say the same after our first session.)

When he comes for the first session, my approach changes. It may happen that the patient is openly willing to communicate. If stimulation with the hand is appropriate, in order to ease communication, I focus on the patient with interaction characteristic of the use of the hands. I point this out to contrast my behavior at the initial examination. My hand touching the lost content is gentle but definite, a sensitive instrument which retunes the "key" that is out of tune, so that the missing respiratory wave can push forward and out. A feeling denied, repressed, in the respiratory wave is protected, preserved and planted in the form of false, untuned or weak notes in the whole. The hand awakens the arrested contents of the growth elements in the rest of the body and then the notes are tuned, correspondingly. My hand registers that the musculature becomes more alive and breathing increases in volume; the patient experiences this as energy currents or dynamic inner waves. My eye registers that the breathing is in the process of finding its proper place so that, as repressed material emerges, the psychic body becomes the breathing's unhindered counterpart.

What, then, happens during the process of therapy in IRT as normal breathing returns to each part of the body? At this point I shall only give an outline. Integrated Respiration Therapy has taught me that when part of the muscle which has "dropped out" is again filled by the respiratory wave, psychic content is simultaneously mobilized, and the patient spontaneously voices this. In analytical terms, we would say that repression has been released. The content of the expression naturally varies from individual to individual as it relates to his own past. It may be uttered as infant babbling, rhythm, noises and words, cries, groans, memories and thoughts, which are expressed unmistakenly in the language appropriate to the stage which the patient is in the process of remembering. There may even be an outburst of joy over the lost having been returned.

The remarkable thing about these spontaneous outbursts is that patients in this type of therapy have the tendency to express themselves in a unique way. They utter rhymes, make up new words, and combine known words into original combinations. Often there are long rhythmical epics wherein the patient finds expression for his feelings by filling these private words with communicable life and content. This seemingly boundless energy is probably the same as that inspiring the artist. The strange thing is that the patient under treatment relives the source immediately. When my hand evaluates his musculature, he feels as if he is *in* his body. He speaks with a "body-self," a body language which is "me." There is no need to say

that these phenomena may seem incredible both to the patient and myself; one must simply acknowledge that within the process of IRT rests potential for associations and realizations. What the patient had not expressed has been stored away in his musculature, and what he did not experience has become his signature, his characteristic way of handling life.

The transcriptions of tape recordings included in the book particularly point to areas of the child's development. The language in most cases does not give the impression of being a dialogue with the outer world, but rather a monologue with the parts of the patient's own body. Other patients, in reliving the return of what had been lost, found abstract concepts to give birth to newly experienced thoughts and memories. Thus, the treatment has moved towards being both a body therapy and talking therapy with free association in the best sense of the word. An integrating process takes place. The muscular function is integrated into the breathing at the same time that the psychic content is integrated into the personality. This process is psychophysical, two sides of the same coin.

The method is directed at the patient's inner resources. The almost healthy musculature always releases these phenomena when it is properly filled by the respiratory wave. I have therefore called this musculature prefunctional or anticipatory. The process of therapy proceeds with the integration of the prefunctional, while the muscles exhibiting less potential are brought up to the prefunctional level, and the remaining hidden content of resources move step by step up towards the light. Immediately before the dulled musculature rises towards the prefunctional level, one can observe a *pumping activity* in a number of patients or, as is apparent on some of the tapes, a need to *repeat monologues with the parts of the body over and over again.* Thus the psychic content became still stronger during the reintegrating process. This illustrates the patient's natural urge to hold on to the psychic content, or perhaps to be freed from a crisis situation, i.e., the inspiration in the psysical body.

The released psychic content originates at different depths of the personality, that is, from different chronological ages. It is revealed partly in the impulses released (the pumping), partly in dreams, partly in the different modes of expression, such as babbling and vague memories in the form of rhyme, jingle, epic and song. Over the years, experience has given me a picture of how the psychosomatic process of integration takes place in the healthy child. One psychic area after another, with its corresponding bodily form, is claimed back again, taken into use, and integrated. This development seems to begin before birth. Patients come out with experiential content right from the infant state, where the spontaneity of growth is influenced by the presence or absence of adequate response from the environment. The earliest damage produces the most severe psychological disturbances, and these affect later development. According to my empirical material, which is purely phenomenological, it is impossible to predict the exact age when integration of a new area takes place, because new content can be stored upon the old and be lost along with it. But I can indicate certain main stages, certain central developmental steps. Thus it is already possible at the diagnostic evaluation to say at which developmental level the damage occurred and to grasp an idea of the patient's resources.

The Therapist, the Patient and the Society.

At this point, it seems natural to ask just who can perform this kind of evaluation, and who is best suited to perform IRT? Suited as therapist is the person who knows himself and is thus capable of empathy and an understanding of the developmental theory and its concepts. After completing a professional clinical education in the field of medicine or psychology, the training will take approximately two years. Training is based on personal treatment and theoretical as well as practical learning. Most important is the therapist's knowledge of his own signal system so that he can follow the process taking place in his patient. As a natural consequence of this self-knowledge, the therapist follows the patient's world of signals as it is brought forth and experienced. The therapist thus avoids problems of over-identification during the therapeutic process. A complete reintegration process takes place within the meaningful content taking shape in the patient's world of signals.

People have many different ways of coping with challenges in life. However, nowadays *strategy* has become more and more the way of handling the outer world through a learning based upon stringent intellectual thinking. The reintegrating process of Integrated Respiration Therapy enables the functioning of "emotional intellect," the natural thinking of the human being, as a basis with which to cope with challenges, and thus a base for accepting reality. This "reality" means an understanding of the fact that the outside world very often does not correspond to the obvious expectations and intentions in the individual. Inevitably he will experience conflict of values. He will learn that his true self corresponds very little with the dominating value structure in society.

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Originalens titel:
INTEGRERT RESPIRASJONSTERAPI
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Cover Design
by
Karl-Fredrik Keller

Printed in the United States of America

FORWORD

Lillemor Johnsen has something enormously important and new to tell. Her countryman, Sigmund Karterud, (Chief Psychiatrist, Psychiatric University Clinic, Oslo, Norway) describes her work as that of a "pioneer leading us to the borders of time and being". Lillemore L. Johnsen has made possible contact with the "deepest preverbal layers of the personality. The way is open for spontaneous living out of one's total expressive capacities." To witness, for the first time, or actually experience a "treatment" with Lillemor Johnsen is a puzzling experience, which evolves from initial doubt into deep confirmation. Entering the room one sees a firm-padded table, a comfortable living room light, a comfortably dressed middle-aged woman. She is businesslike but warm, centered but with no affectation of forced calm, no pose, no self-conciousness.

In contrast to practitioners of body-oriented therapies, Lillemor Johnsen is not searching for the tense muscles, the "holding places" that the patient has resorted to as a defense through the years. She sees muscular qualities as a gateway to the regaining of health and joy. She does not try to release the "holding" or tension. To her, concentration on the tense muscles represents a "one-sided assult on the patient's defense mechanism" and often results in the patient's being deprived of his defense, so that he either disintegrates or shifts that defense to other muscles or "guarding" mechanisms, i.e. headache, stomach pains, etc. Johnsen demonstrates how the tension or holding in *hypertonic*, overdeveloped, tight muscles will cease when the person no longer feels the need to protect himself any longer, when the repressed material, which is buried in the *hypotonic*, undeveloped, silent muscles, that is keeping him from breathing fully, is finally brought to the surface. Basically there is no question of musculature at all. Dr. Johnsen listens and waits. She is listening for the latent life in the underdeveloped, lax muscles, the anticipatory content of the psychophysical character-structure. There is greater reality in the way the muscle can be seen, felt, and heard, in the "muscular-respiratory relationship," than there is in the "anatomical-physiological muscle one can investigate under a microscope." And this "reality" provides keen insight into a person's way of handling his life problems.

"In the healthy person," says Johnsen, "breathing and muscles and mind are one." Deep involuntary breathing occurs throughout the entire body from the inner organs to the external muscle layers. We do not breathe with our lungs alone, but with the whole body. There is an unconscious exchange between oneself and the world, between individual and environment. With each breath, the health

ACK COVER

Lillemor Johnsen's work appeared in Norway during the Fifties. : arose from a profession dominated by Sigmund Freud and Vilhelm Reich, but in her approach the traditional concepts ruling he field of mental health have been replaced by the concepts of ıealth, truth and joy—concepts which, she teaches, are grounded n the trinity of mind, body and the fullness of time. Her work is ınique and original, a new view of mind/body phenomena. Revoutionary, too, is the precise diagnostic process she has developed.

Lillemore Johnsen has created a novel understanding of the huıan being, a body-existential view rather than the body-oriented /iew of the Reichian Therapies. This existential view of wholeness ınd autonomy stresses the positive resources of the individual. Under her touch, resources awaken to life. Her touch brings about a reexperiencing of past perceptions and feelings. These unite into symbols and express themselves in movement, dreams, poems, metaphors and songs. True and native muscle tone is restored. The process brings joy and a sense of integration. This is Integrated Respiration Therapy.

"In my opinion Lillemor Johnsen has one of the most central and organic developmental theories known. It can be measured with that of Erikson, and exceeds Piaget's and Freud's." — Abrahamowitch Informasjon

"True, the body knows the answer. The body remembers all that you have forgotten, but it has formed your personality, given you your anxiety and your prejudices.

The body hides the experiences which have robbed you of joy, let you lose your trust within yourself, and taken away from you your strength for saying yes or no." — Bente Arendrup Politikken

Lillemor Johnsen - Integrated Respiration Theory/therapy

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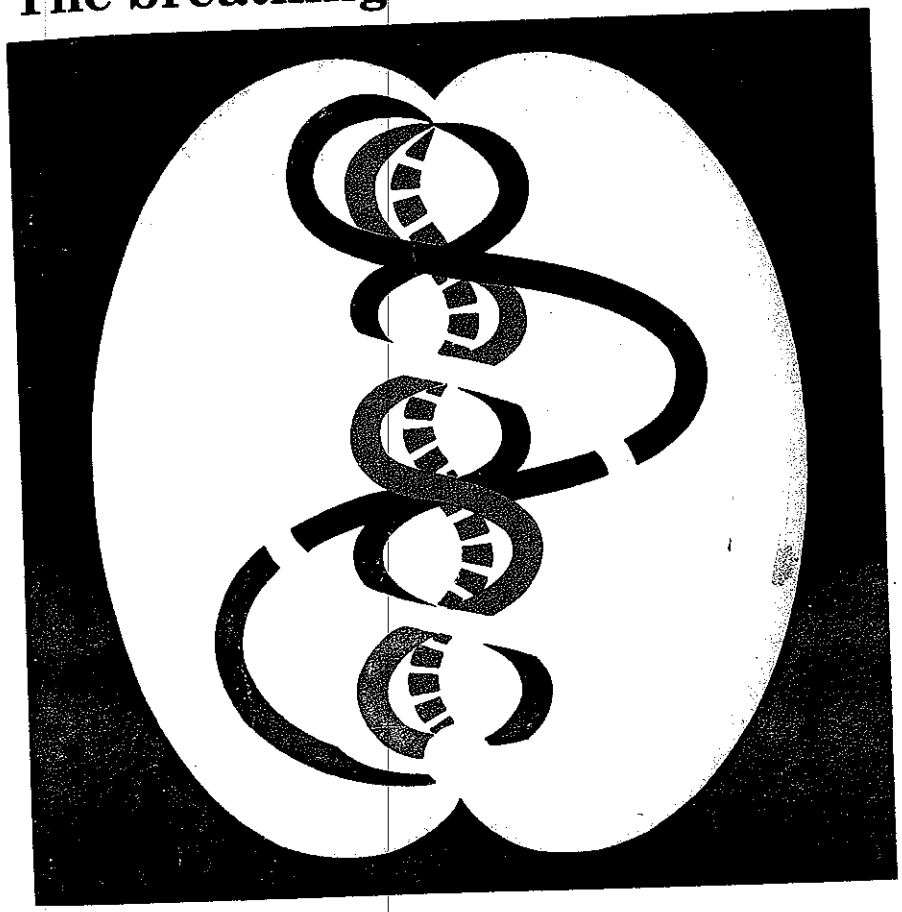
The breathing me



Birth and rebirth in the fullness of time

FIGURE 22: Areas that offer gateway to stimulating resources (See chap. V).
FIGURE 23: Strong withdrawal tendencies, resignation, confusion — deep damage in earlier developmental stage (See chap. VIII).
FIGURE 24: After many years of therapy — structure revealing good resources (See chap. VIII).
FIGURE 25: Stimulation (See chap. VIII).
FIGURE 26: Schematic Respiration Manifestation (See chap. VII).
FIGURE 27: The Integration Process (See chap. VIII).
FIGURE 28: Crossing points of fully developed individual (See chap. IV).

Definition of Concepts in IRT

(In Order of Appearance in Discussion)

BREATHING

Breathing, in Integrative Respiratory Therapy, refers to the capacity of the human body to integrate its entire experience in a single pulsation. Breathing is subjectively felt as the foundation of harmonious feelings. Objectively, it is the extension of the respiratory pattern throughout the entire organism. Breathing is not simply respiration in the support of physiological survival; it is our avenue of resonance betweeen our total being and the external world.

RESPIRATION

Respiration is the process by which IRT Therapy evaluates the body's performance. The therapist both observes the person visually and gently touches the body at selected points. By this means, the therapist can determine the extent to which the pulmonary function originating in the chest wall initiates movement, excitement and energy throughout the body. Pulmonary function and its expression throughout the organism can either express the integration of the body and personality by moving toward "total breathing" or confirm the person's inability to be responsive to himself, others and his environment by freezing and immobilization.

Objectively in treatment, the visual and tactile examination of respiration indicates to the therapist the potential and yet unrealized resources of the person. Developmentally, respiration is the origin of growth and change. Therapeutically, respiration is a mediating mechanism whereby the body/mind shifts from the anxiety-ridden and problematic to the natural and spontaneous.

MUSCULATURE

By the term musculature, I mean the essential part of man that allows him movement in both emotional and motor spheres. The musculature is the gateway for evaluating patient resources and is a tool that assists the therapuetic process. It is the medium for the integration of mind/body.

HYPERTONIC MUSCLES

Hypertony refers to varying degrees of tenseness in the musculature. The muscles are weighted down by respiration which is deliberate, concious, forced. A tense muscle may seem to the inexperienced hand to contain "energy." What is being felt are the vibrations of a taut cord, the forced panting for air of a muscle under stress.

HYPOTONIC MUSCLES

Hypotony refers to varying degrees of flacidity in underdeveloped muscles. The respiratory response is negligible, but here lies a potential resource. This is described as "anticipatory content."

When the potential resource is reawakened by the therapist's hand, the respiratory response is involuntary — a signal of possibility which announces that the "thinking body" is now ready for further progress toward total awakening. In the awakened, "alive" being, respiratory response will be integrated into the breathing wave.

RESOURCES

Resources have their basis in how far spontaneous respiration is incorporated in the breathing during different steps in development. The concept was first used by me in this context in 1963 in order to signify the focusing on latent forces in integrated respiration theory. I sometimes refer to resources as anticipatory content.

ANTICIPATORY CONTENT

The hidden, unexperienced content is so vivid that the respiration seems to be "knocking at the door," objectively touched and heard as a vivid and unique impression of pulsing wave in the musculature in question. It is content inhibited in early childhood; when reawakened the incomprehensible is made comprehensible in the child's world.

FULLNESS OF TIME

A time segment of varying duration when the child (at each new step of growth) is permitted to gather its natural power, at its own pace.

MUSCLE CONSISTENCY

A concept defined in relation to what the hand searches for, and as the immediate impression felt by the fingertips during examination. It is a foundation of measurement in relation to the ideal, an optimal functioning in "consistence to nature," which is only recognized by constant searching and training.

MUSCLE QUALITY

Muscle quality is the living phenomenon which gives the musculature its character of tangible life. Muscle quality indicates the richness, the nuances of expressive possibility. The division between consistency and quality are of course an abstraction in contrast to the palpable whole, but essential in passing along and crystallizing experience. Somewhat oversimplified, one can say that consistency covers the material aspect of musculature, and quality refers to "being" (assessment).

NUCLEAR PHENOMENON

Point of origin for all emanations of impulse and expression continuing through all developmental stages. At critical phases, frustration of the integration process is experienced by the nuclear phenomenon. It is influenced by the philosophical attitude toward life or death.

GROWTH CENTER

Objectively, it is seen as the sum of the body growth areas in a topological sense. Subjectively, it is experienced as the body area (or the sum of body areas) under formation in the existential sense. Growth centers in the process of integration assert themselves as newly won modes of expression.

GROWTH ELEMENT

A dimension whose mission is to mass modes of expression by moving in and out of the growth center, depositing new tasks, which the growth center in turn incorporates and uses in further growth and adaptation.

CROSSING PHENOMENON

The anchored points in a process which is experienced as realized, lively and completed. Objectively, critical areas of the body.

BALANCE

Is the point of being as equally full of the atmosphere as of oneself.

INTEGRATION

When challenges for new dimensions are incorporated into oneself, then the way for integration — the ultimate goal — occurs as a matter of course. On this basis, the sudden stillness at the end of the struggle in growth is the point of integration. All other experience is a striving towards this event.

BODY AND MIND VERSUS MIND/BODY

It may seem as if I have used different words to express the same concept when I use the terms "body" and "mind." There has been a traditional distinction made between the body and the psyche, even though the concept itself represents a unity. In speaking about traditional concepts, I have used body and mind. When speaking about deeper contexts, for example the individual character structure, I have used body, and on occasion, soul (as the supposed opposite) because this better describes the state of suffering in the split personality, where self-alienated activity dominates the structure. The healthy person is the mind/body — in integrity — the "thinking body."